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Name (print)	Office (if applicable)	District (if applicable)

Contributions of \$100 or Less

DATE OF EACH	AMOUNT OF EACH
CONTRIBUTION	CONTRIBUTION
012002	70=
15/01/07	3000
101-11-02	3.7
	-

DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION		
1441			

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Name	(prin	ıt)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Campaign To Eliza Mack		9/13/02	5,000
Compaior Billow Myrin Williams		9/13/52	5,000
Campijon TS ELST OSCUL			500
			1. <u>p </u>

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